

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- ☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

X Date 7-9-81 Applicant Maria Estela Ramirez

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

- ☐ I am exempt from the licensing requirements as I am a licensed architect or a registered professional engineer acting in my professional capacity (Section 7051, Business and Professions Code).

Lic. or Reg. No. _____ Date _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

- ☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).
☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

X Maria Estela Ramirez 7-9-81
 Signature of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

| FOR APPLICANT TO FILL IN | | | | | |
|---|-----------------|------------------|--|---------------------------|----------------------|
| BUILDING ADDRESS <u>7323-TOLL Drive</u> | | | BUILDING ADDRESS <u>7323 E. Toll Dr.</u> | | |
| CITY <u>Rosemead</u> B. ZIP | | | LOCALITY <u>S. San Gab.</u> | | |
| NO. OF BLDGS. NOW ON LOT <u>1</u> | | | NEAREST CROSS ST. <u>Bailey</u> | | |
| SIZE OF LOT | | | ASSESSOR MAP BOOK | | |
| TRACT <u>11091</u> | BLOCK <u>2-</u> | LOT NO. <u>2</u> | PAGE | | |
| OWNER <u>Maria Estela Ramirez</u> TEL. NO. <u>5730093</u> | | | PARCEL | | |
| ADDRESS <u>7323-Toll Drive</u> | | | USE ZONE <u>R-1</u> MAP NO. <u>2027</u> | | |
| CITY <u>Rosemead</u> ZIP | | | SPECIAL CONDITIONS | | |
| ARCHITECT OR ENGINEER | | | DISTRICT <u>5</u> | GROUP <u>R3</u> | TYPE CONST. <u>✓</u> |
| ADDRESS | | | FIRE ZONE <u>3</u> | PROCESSED BY <u>Smith</u> | |
| CONTRACTOR <u>Owner</u> TEL. NO. | | | STATISTICAL CLASSIFICATION | | |
| ADDRESS | | | CLASS NO. <u>12</u> DWELL. UNITS | | |
| CITY | | | APT. CONDO. | | |
| SQ. FT. SIZE <u>400</u> | | | SEWER MAP | | |
| NO. OF STORIES | | | BK. <u>M</u> PG. <u>122</u> | | |
| NO. OF FAMILIES | | | VALUATION <u>3,000</u> | | |
| CHECK ONE | | | \$ <u>25000</u> | | |
| DESCRIPTION OF WORK <u>Barge</u> | | | \$ | | |
| NEW <input checked="" type="checkbox"/> | | | FINAL DATE | | |
| ADD <input type="checkbox"/> | | | FINAL By | | |
| ALTER <input type="checkbox"/> | | | <p><u>2/22/82 - Lane owner until 3/18/82</u> <u>to have all frame & roof on & completed.</u></p> <p><u>Carppand</u> <u>5/26/82</u></p> | | |
| REPAIR <input type="checkbox"/> | | | <p>20280A #.....1 1...4350 ...4350# 0709-81</p> | | |
| DEMOL <input type="checkbox"/> | | | | | |
| USE OF EXISTING BLDG. | | | | | |
| APPLICANT (PRINT) | | | | | |
| ADDRESS | | | | | |
| PRESENT BUILDING ADDRESS | | | | | |
| LOCALITY | | | | | |
| MOVING CONTRACTOR | | | | | |
| ADDRESS | | | | | |
| REQUIRED SET BACK | YARD | HWY | TOTAL SETBACK FROM PROP. LINE | EXIST. WIDTH | |
| FRONT P.L. | | | | | |
| SIDE P.L. | | | | | |
| P.C. Fee \$ | | | Permit Fee <u>35.</u> | | |
| | | | Issuance Fee <u>8.50</u> | | |
| Investigation Fee | | | Total Fee <u>43.50</u> | | |

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

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Date 9/16/81 Applicant Maria E. Calvin
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

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Lender's Address _____

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Maria E. Calvin 9/16/81
Signature of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

| FOR APPLICANT TO FILL IN | | | | | |
|--------------------------|------------------|----------------------------|---------------------------------|--|--------------|
| BUILDING ADDRESS | | 7323 E. TOLL DR | | | |
| CITY | | Rosemead CA | | | |
| SIZE OF LOT | | NO. OF BLDGS. NOW ON LOT 1 | | | |
| TRACT 11091 | BLOCK 2 | LOT NO. 2 | | | |
| OWNER | | Marian Estela Calvin | | | |
| ADDRESS | | 7323 E. TOLL DR | | | |
| CITY | | Rosemead CA | | | |
| ARCHITECT OR ENGINEER | | TEL. NO. | | | |
| ADDRESS | | TEL. NO. | | | |
| CONTRACTOR | | Owner | | | |
| ADDRESS | | LIC. NO. | | | |
| CITY | | LIC. CLASS | | | |
| SQ. FT. SIZE 80 | NO. OF STORIES 1 | NO. OF FAMILIES | CHECK ONE | | |
| DESCRIPTION OF WORK | | | NEW <input type="checkbox"/> | | |
| to garage (permit) | | | ADD <input type="checkbox"/> | | |
| #0280 7/9/81 | | | ALTER <input type="checkbox"/> | | |
| USE OF EXISTING BLDG. | | | REPAIR <input type="checkbox"/> | | |
| APPLICANT (PRINT) | | | DEMOL <input type="checkbox"/> | | |
| ADDRESS | | | TEL. NO. | | |
| PRESENT BUILDING ADDRESS | | | LOCALITY | | |
| MOVING CONTRACTOR | | | TEL. NO. | | |
| ADDRESS | | | REQUIRED SET BACK | | |
| FRONT P.L. | YARD | HWY | TOTAL SETBACK FROM PROP. LINE | | EXIST. WIDTH |
| SIDE P.L. | | | | | |
| P.C. Fee \$ | Permit Fee | | 17.00 | | |
| Investigation Fee | Issuance Fee | | 8.50 | | |
| Total Fee | | 25.50 | | | |

| | | | |
|----------------------------|--------------------|-----------------|-----------|
| BUILDING ADDRESS | | 7323 E. TOLL DR | |
| LOCALITY | | SO. SAN GABRIEL | |
| NEAREST CROSS ST. | | BAILEY | |
| ASSESSOR MAP BOOK | PAGE | PARCEL | |
| USE ZONE | MAP NO. | 2027 | |
| R-1 | SPECIAL CONDITIONS | | |
| DISTRICT | GROUP | TYPE CONST. | FIRE ZONE |
| G.O | M-1 | ✓ | 3 |
| STATISTICAL CLASSIFICATION | | APT. | CONDO. |
| CLASS NO. 12 | | DWELL. UNITS | |
| SEWER MAP | | VALIDATION | |
| BK. | | PG. | |
| VALUATION | | | |
| \$ 0.3600 | | | |
| \$ 900.00 | | | |
| FINAL DATE | | | |
| FINAL By | | | |

Expended 5/26/82

#121.0A
#.....1
1...2550
...2550#
09.17-81

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY